

07-27-01

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Atty. Dkt. No. 070191/321 (30-CD-6182)

07/26/01  
Jc960 U.S. PTO

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Mikula, et al.  
  
Title: A MEDICAL TESTING SYSTEM  
WITH AN ILLUMINATING  
COMPONENT

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Box NEW PATENT APPLICATION, Washington, D.C. 20231.	
EL843898239US (Express Mail Label Number)	July 26, 2001 (Date of Deposit)
Lillian M. Curry (Printed Name)	
<i>Lillian M. Curry</i> (Signature)	

Jc960 U.S. PTO  
09/15/01  
07/26/01

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Commissioner for Patents  
**Box NEW PATENT APPLICATION**  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Patricia J. Mikula  
Gary J. Secora

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (16 pages, plus cover sheet).
- ☒ [ X ] Formal drawings (6 sheets, Figures 1-6).
- ☒ [ X ] Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ [ ] Executed Assignment of the invention to GE Medical Systems Information Technologies, Inc. (\_\_\_ pages).
- ☐ [ ] Assignment Recordation Cover Sheet (1 page).
- ☐ [ ] Information Disclosure Statement.
- ☐ [ ] Form PTO-1449 with copies of \_\_\_ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	20	- 20	= 0	x \$18.00	= \$0.00
Independents:	5	- 3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$870.00
[ ]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$870.00

- [ X ] Please charge Deposit Account No. 07-0845 in the amount of \$870.00 to cover the filing fee.
- [ ] Please charge Deposit Account No. 07-0845 in the amount of     to cover the Assignment recordation fee.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

7/26/01

By

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